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	City No. on Roll.	Map No.	Name (surname first) and Post Office Address of Taxable Person.	S., M. or W. N. R. and Address.	Manl	Freeholder Tenant.	Age of Asser					,		
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ASSESSMENT ROLL for	W ard,
NAMES OF TAXABLE PARTIES.	DESCRIPTION AND VALUE OF REA
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City No. Map Name (surrame first) and Post Office on No. Address of Taxable Person.	Name of Street Original No. of Acres or Lot. Lot. Feet, Rate, Value of Land.
43 29 Handley Hang Pour m 4 5 to Coaing 12 Mandley Ralph E. and Coains M. 45 39 45 29 Gorrell Rubin Grocer m 4 " 63 47 29 Langbort Saul Scrapton death 4 5 76 Rubin Provided 48 29 Grow Dr. N. Printer m 4 " 33 " 50 29 Hughes Dr. Proub m 43 59 50 39 Hughes Dr. Proub m 43 59 50 30 Vance Hiraw Security n 45 Rep formed to thomas S. 50 30 Vance Hiraw Security m 4 3 70 50 30 Vance Hiraw Security m 4 5 70 50 30 Roborough Sw. Labourer m 4 5 70 60 34 Storts Marin Grow Simp haling 60 34 Storts Marin Grow m 4 5 56 Marca Ceasyrd m 60 34 Storts Marin Gor Simp m 4 5 69 60 34 Storts Marin Gor Simp m 4 5 69 60 36 Ashley Jane 77 5 56 60 36 Ashley Jane 77 5 56 60 36 Ashley Jane 77 5 56 60 36 Ashley Agustão Spaulin	S mice 13 kh/2 " " " " " " " " " " " " " " " " " " "

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		City No.	Map No.	2 Name (surname first) and Post Office Address of Taxable Person.	Occupation. S., M. or W. N. R. and Address.		Freeholder or Tenant,	Age of Assessed Party.	Name and Address of Owner when Person named in Column 2 is not the Owner.	Owner-O. Lease-L.	Name of Street or Lot.	Original No. of Lot.	No. of Acres or Feet.	Rate.	Value of Land.
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